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NO. 3950 IP. 126n+0
6122

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CHRISTINE CUFFE	(Depositor's name)
<i>Christine Cuffe</i>	(Signature)
JULY 23 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,559	11/12/2003	Daniel J. Smith	GYN5013	6912

TITLE OF INVENTION: SURGICAL INSTRUMENT AND METHOD FOR THE TREATMENT OF URINARY INCONTINENCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SONNETT, KATHLEEN C	3731	606-139000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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(A) NAME OF ASSIGNEE

Exkicon, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) Recorded: 3/8/04

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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